



# **Wounded Warrior Regiment**

## **Sgt'sMaj Symposium**

**3 August 2007**



# USMC Injured Support - History

- 2002           **Marine For Life (M4L) Established**
- 2005           **M4L Injured Support Section**
- 2005           **II MEF Wounded Warrior Barracks**
- Nov 2006       **CMC Planning Guidance**
- Mar 2007       **CMC directed establishment of Wounded Warrior Regiment**
- Apr 2007       **Wounded Warrior Regiment officially established**



## Mission Statement:

- Provide and facilitate assistance to wounded/injured/ill Marines, Sailors attached to or in support of Marine units, and their family members, throughout the phases of recovery.



# Area Of Responsibility

Okinawa



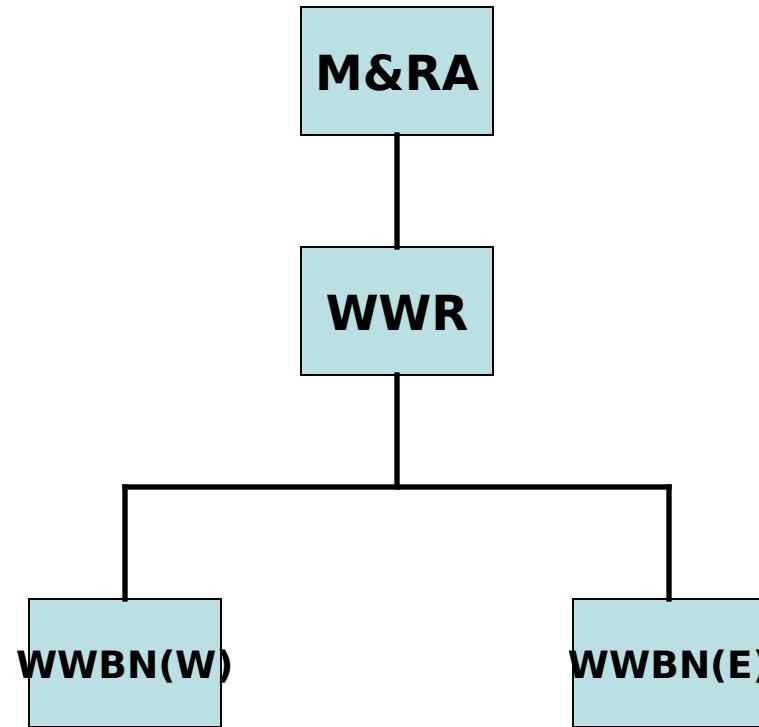
Guam

Hawaii

Landstuhl



# Wounded Warrior Regiment Structure





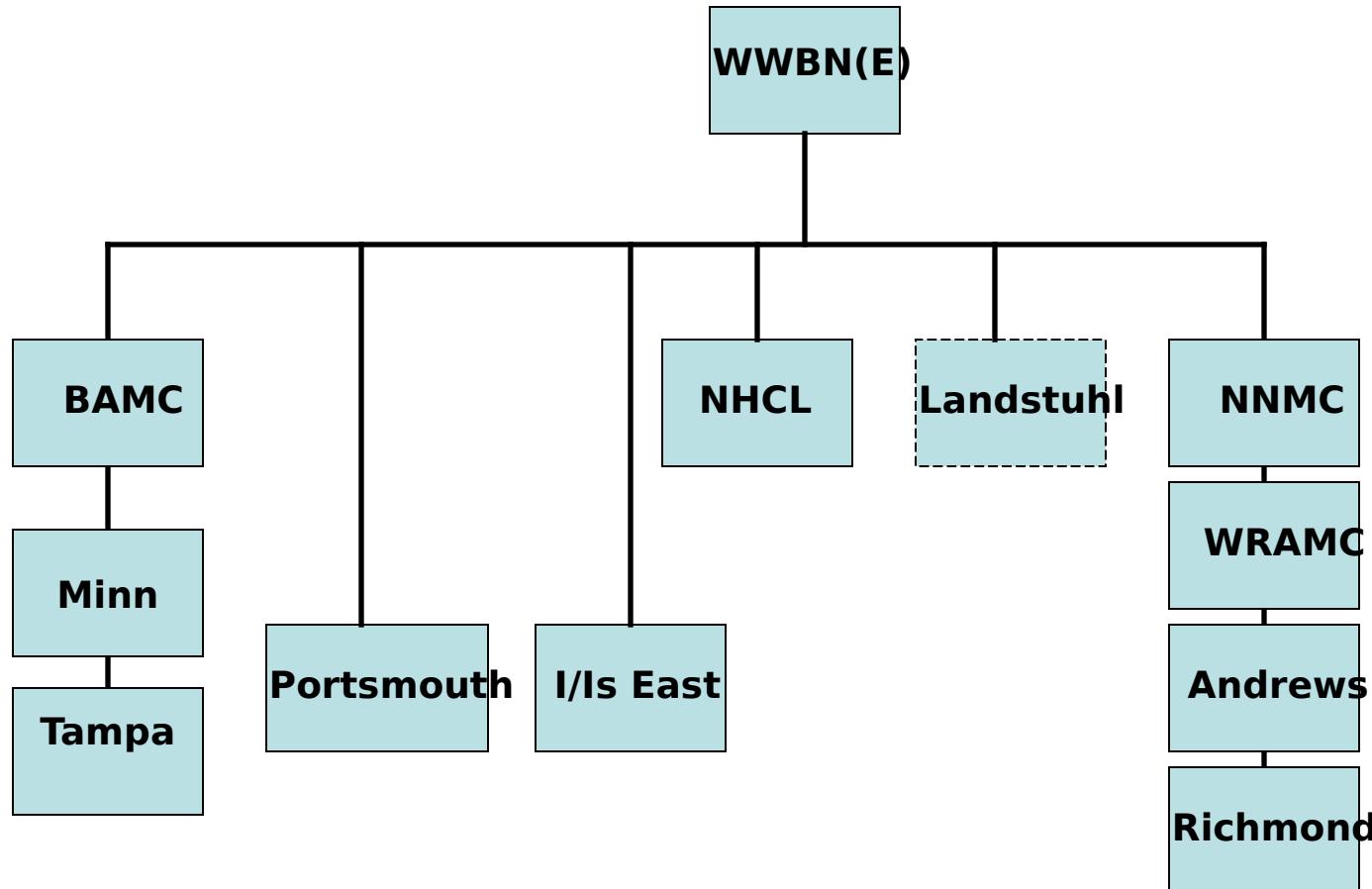
# Wounded Warrior Regiment Headquarters Staff

## Plans, Policy, Strategic Operational Support

- Policy/Legal Issues
- Tracking
- IT
- Chaplain
- Medical Officer/Advisor
- TSGLI
- Reserve Medical Entitlements Determination (RMED)
- Subject Matter Experts in:
  - Benefits and Entitlements
  - MEB/PEB
  - Personal and Family Readiness
- Training
- Strategic Communications
- Non-Medical Case Management Support
  - 1-800 calls
  - District Injured Support Cells
- Transition
  - VA, Office of Seamless Transition
  - Hometown Links
- National Liaisons
  - VA
  - MSIC
  - Corporate America
  - Charitable Orgs/Veteran Service Orgs

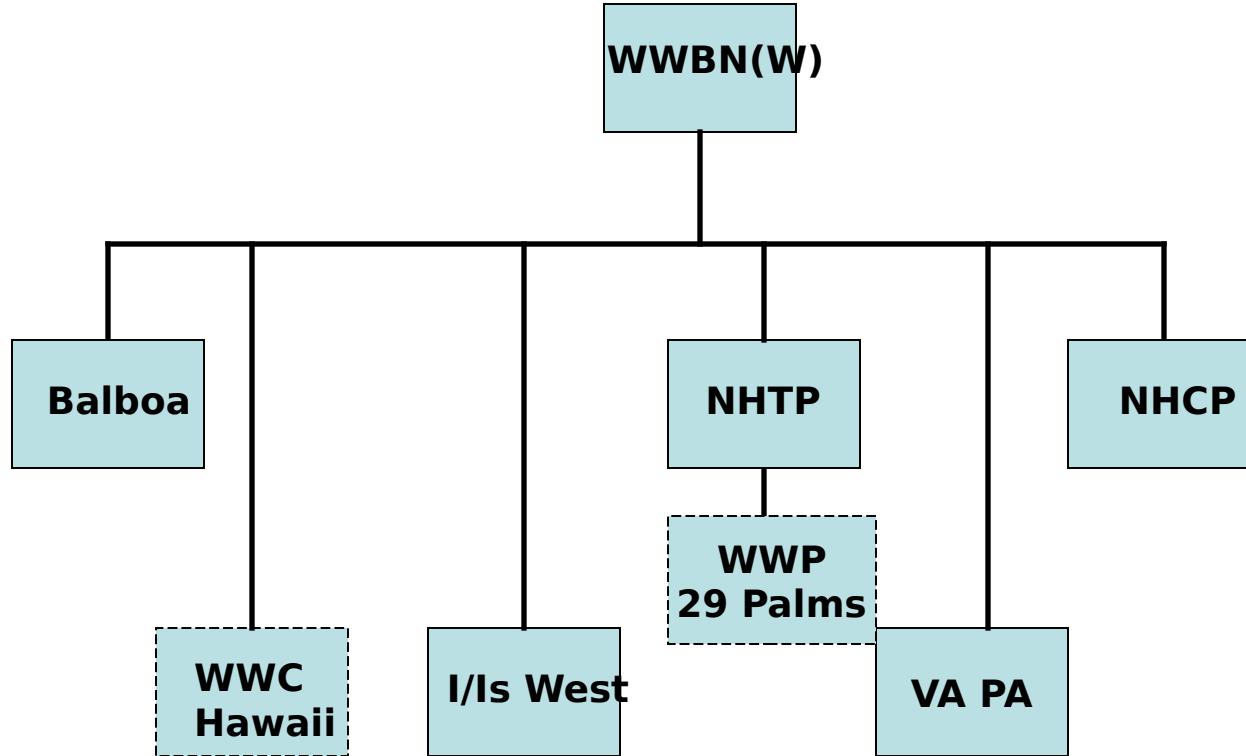


# Battalion-East Structure





# Battalion-West Structure



Tripler  
Guam  
Okinawa



# Wounded Warrior Regiment Core Functions

- Facilitate resolution to administrative issues (pay and entitlements, travel, awards, etc.)
- Coordinate with appropriate DoD, VA, and other governmental and non-governmental agencies to support the ill/injured and their families
- Assist with conflict resolution for the ill/injured service members and their families both medical and non-medical in nature
- Facilitate support to navigate the Medical Evaluation Board (MEB) process in order to assist ill/injured during the Physical Evaluation Board (PEB) process
- Provide information and assist with the Combat Wounded Retention Waiver (Permanent Limited Duty (PLD)) requests
- Maintain/update website with transition (federal, state and local veterans benefits) information
- Execute Service component certification for TSGLI claims and forward to the Office of Service Members Group Life Insurance (OSGLI)



# Core Functions (Cont.)

- Assist the ill/injured with information and processing of Traumatic Service Members Group Life Insurance (TSGLI) claims
- Provide information and referrals to the ill/injured and their family members regarding assistance provided by philanthropic organizations
- Provide Marine liaisons to the DoD Military Severely Injured Center (MSIC) in Arlington, VA
- Provide Marine liaisons to the Department of Veterans Affairs, Office of Seamless Transition
- Provide Marine liaison cells as required to the Department of Veterans Affairs Poly Trauma Medical Centers (Tampa, FL; Richmond, VA; Minneapolis, MN and Palo Alto, CA)
- Provide Marine liaison cells to other medical facilities as required
- Ensure accountability and non-medical case management for all ill/injured throughout the phases of recovery



# Core Functions (Cont.)

- Ensure discipline and continuity of care throughout the phases of recovery without discrimination to illness or injury type physical, behavioral, traumatic brain injury (TBI), post- traumatic stress disorder (PTSD))
- Coordinate Public Affairs (PAO) engagements and events for the ill/injured
- Manage Wounded Warrior Regiment facilities
- Maintain a capability to provide personalized face-to-face assistance globally as necessary
- Establish command and control of MTF Patient Administration Teams (PAT)
- Coordinate with Navy Safe Harbor Program (and BUPERS as required) on administrative issues for ill/injured Sailors attached to and in support of Marine Corps units
- WWR Battalions will retain the capability to house a minimum of 100 ill/injured out-patient personnel during the rehab/transition phase of recovery and retain the ability to surge with a capacity of 200. Each facility will be Americans with Disabilities Act (ADA) compliant



# Additional Functions

- **Reserve Medical Entitlements (RMED)**

- Coordinates/manages care for activated reservists retained on MEDHOLD
- Approves/coordinates LOD benefits for reservists/officer candidates injured in the line of duty
- Coordinates with WWR/MRT to provide unity of effort to the injured
- Currently tracking 393 med-hold, 398 Line of Duty cases

- **Traumatic Service members Group Life Insurance (TSGLI)**

- Service certification authority for all USMC claims
- Forwards claims to OSGLI for final approval and final disposition
- As requested, reviews claims for reconsideration
- As requested, assists Naval Board of Appeals (TSGLI)
- 1592 USMC Claims submitted



# Additional Functions (Cont.)

- **Marine For Life (M4L)**

- Assistance for Injured/ill and their families via:

- **District Injured Support Cells (DISCs)**

- Ten CONUS Districts (3 in place)
    - One Officer, two SNCOs

- **Hometown Links (HTLs)**

- Over 100 Drilling Reservists with coverage throughout CONUS
    - 7,000 Registered Employers
    - 1,600 Mentors registered
    - 600 jobs posted monthly
    - Links to VA, Charitable Orgs, VSOs, educational institutions, in states and local communities
    - Web-based employment assistance to a population of 27,000 honorable discharged transitioning Marines per year

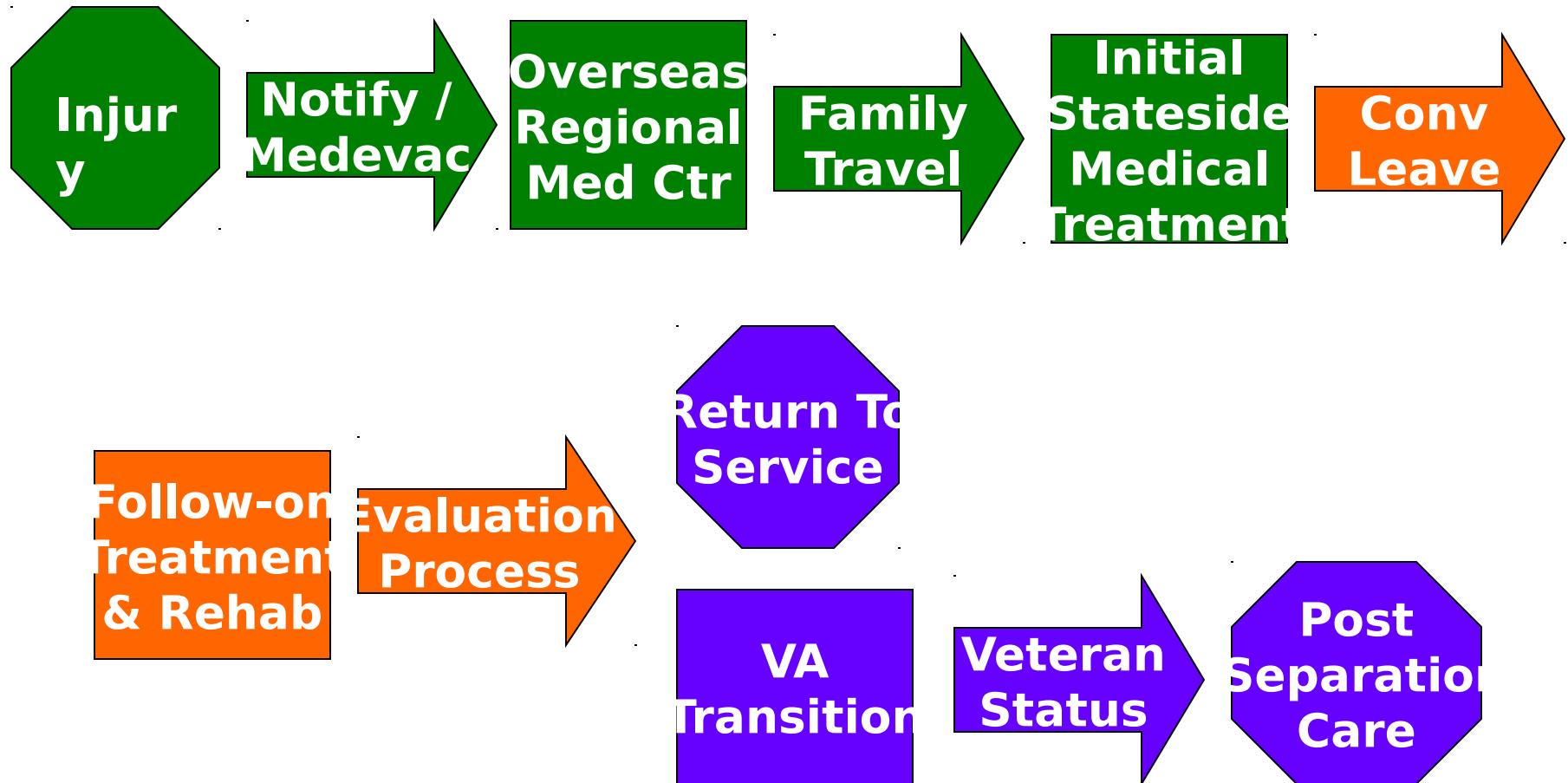


# District Injured Support Cells and Hometown Links





# Wounded Warrior Injury Process





# Wounded Warrior Phases of Recovery

## Acute Care Phase

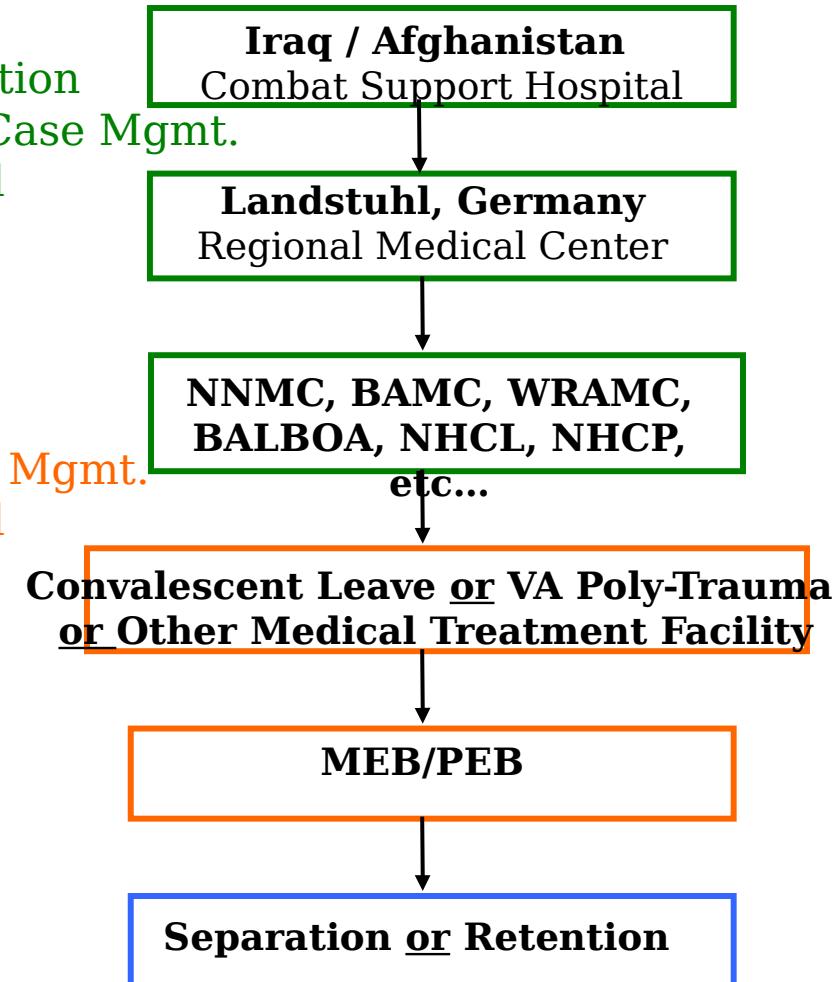
- Critical Care
- High Level of Stress, Concern and Emotion
- Marine PATs take lead in Non-medical Case Mgmt.
- Coordinate with Navy/Army/VA Medical

## Rehabilitation Phase

- Focused on Rehab and Recovery
- Acceptance or Denial of Circumstances
- Preparing for the Future
- WWBNs take lead in Non-medical Case Mgmt.
- Coordinate with Navy/Army/VA Medical

## Retention / Separation Phase

- Return to Active Duty or Reserves
- Separate from Service
- Focused on New Employment and/or Educational Opportunities
- May continue Rehab, Therapy, or other Long-term Care
- Veteran's Administration takes lead in Case Mgmt.

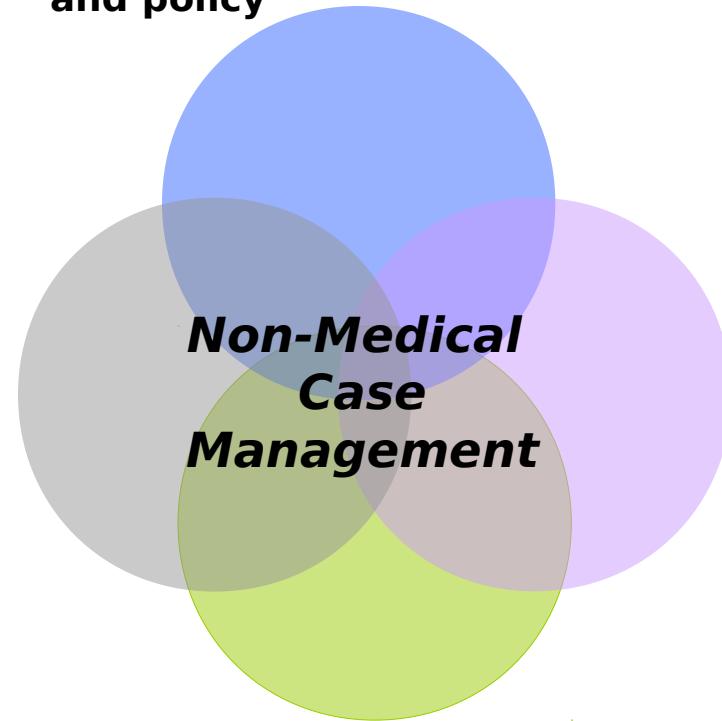




# Non-Medical Case Management Cells

## Points of Effort:

**Regiment CM Cell** Reactive to 800#, “field” casework requests, and high level cases. Provides CM guidance and policy



**WWBN E/W CM Cell**  
Proactive Outreach to all current cases (not resident to PATs)  
(Acute/Rehab\*/Trans Phases)

**PAT** Proactive Outreach to In/Out Patients Resident to PATs (Acute\*/Rehab/Trans Phases)

**DISCS** (with support from HTLs and VA-LNO) Proactive Outreach to Retro and Transitioning (Acute/Rehab/Trans Phases)



# Best Practices

- **No strict criteria for assistance from the USMC, WWR (all injured/ill, CONUS/OCONUS, all components regardless of duty status, etc..)**
- **Recent changes to injured support creating Unity of Command to ensure all injured support personnel report to one Command**
- **Ensuring Marines assist Marines and Marine families**
- **Phases of Recovery, face to face, approach to assistance, vise the assignment of one individual case manager in a “call center”**
- **USMC, LNO to the VA’s Office of Seamless Transition**
- **Wounded Warrior Regiment, District Injured Support Cells**
- **Wounded Warrior Regiment, Marine For Life Hometown Links**
- **Wounded Warrior Regiment, Marine Patient Affairs Teams at MTFs (as well as LNOs to VA PRCs)**
- **Wounded Warrior Regiment, Reserve Medical Entitlements Determination Program**
- **Two Wounded Warrior Battalions (Camp Pendleton, Camp Lejeune) to ensure coverage of support to injured/ill and their families throughout CONUS (and strategically located, OCONUS)**
- **Established Wounded Warrior Regiment traveling “Tiger Teams”**
- **Proactive outreach calls to our “retro” list of OIF/OEF Marines injured prior to the establishment of M4L Injured Support**



# Issues Currently Under Review

**USMC has recently completed a comprehensive review of “Injured Support” and is in the process of implementing considerable change to enhance our capabilities. Other items under review include:**

- **MCO 6320.2D Administration and Processing of Hospitalized Marines.**
- **DoD/VA tracking system**
- **DoD/VA Electronic Medical Record**
- **Legislative changes**
- **Ensure injured/ill have options for state of the art/world class medical treatment close to their home or place of duty to include options for civilian treatment**
- **Private/public ventures to create centers of excellence/resource centers throughout CONUS (one-stop shop)**
- **Improvements to the Disability Evaluation Systems (MEB/PEB/VA) business practices, policies, etc**
- **Medical Providers (i.e. Mental Health, Medical Case Management, etc.)**



# Daily Tracking Report

5/16/2007  
Wounded Warrior Regiment  
Daily Hospitalization Report

LOCATION	OIF/OEF IN-PATIENTS	OUT-PATIENTS / MED-HOLD	(NON-OIF/OEF) IN-PATIENTS	(NON OIF/OEF) OUT-PATIENTS	TOTAL INJURED
<b>WW Barracks (resident/non-resident)</b>	70	113	4	3	196
<b>Military Treatment Facilities:</b>					
NNMC Bethesda	17	45	4	8	74
WRAMC	4	21	2	1	28
Andrews	3	0	0	0	3
NHCL	1	0	14	0	15
LRAMC	4	3	0	0	7
BAMC	3	45	0	2	50
Portsmouth Naval Hospital	1	1	1	3	6
NH Balboa	7	30	14	30	81
NHCP	0	0	4	1	5
NHTP	0	20	0	0	20
Tripler Army	1	23	3	0	33
NH Okinawa	0	0	0	0	0
NH Guam	0	0	0	0	0
<b>VA Poly Trauma Facilities:</b>					
Richmond VA Poly Trauma	3	0	1	0	4
Minneapolis VA Poly Trauma	1	4	0	0	5
Tampa VA Poly Trauma	2	1	1	0	4
Palo Alto VA Poly Trauma	6	2	2	3	15
<b>Other VA Medical Treatment Facilities:</b>					
Houston, TX	1	0	0	0	1
Seattle, WA	0	1	0	0	1
San Antonio VA	0	0	0	0	0
<b>Civilian Hospitals/I&amp;I Supported:</b>					
Scripps	0	0	2	0	2
Casa Colina	1	0	0	0	1
<b>INJURED TOTALS</b>	<b>127</b>	<b>321</b>	<b>52</b>	<b>51</b>	<b>551</b>

<b>OIF IN PATIENTS</b>	<b>TOTAL</b>
	<b>127</b>
<b>OIF/OEF OUT-PATIENTS/ MED-HOLD</b>	<b>321</b>
<b>OTHER (NON-OIF/OEF) IN-PATIENTS</b>	<b>52</b>
<b>OTHER (NON OIF/OEF) OUT-PATIENTS/M</b>	<b>51</b>
<b>TOTAL NUMBERS</b>	<b>551</b>



# Andrews AFB Injured Offload

Marines are highly encouraged to go to Andrews AFB to assist in the offload of our wounded. This also includes aiding other service branches. It is paramount that our Marines know that we are with them every step of the way from injury to recovery.

POC: SSgt Nesbitt (USMC) phone: (703) 296-6730

E-mail: [charles.nesbitt@andrews.af.mil](mailto:charles.nesbitt@andrews.af.mil)

Flight Arrivals: Every Tuesday, Friday and Sunday between 1530 - 1600.

Please call prior: In-brief on procedures is given by SSgt Nesbitt at Andrews AFB



# Key Points of Contact

WWR C.O.	Col Boyle	(703) 432-9235
WWR SgtMaj	SgtMaj Blumenberg	(703) 432-9236
WWBn East C.O.	LtCol Siebenthal	(910) 451-3115
WWBn East SgtMaj	SgtMaj Jarrell	(910) 451-3853
WWBn C.O.	LtCol Johnson	(760) 212-8019
WWBn West SgtMaj	MGySgt Girgos	(760) 763-6746

Toll Free-1 (866) 645-8762



# Questions?

